

# CHARLES COUNTY GOVERNMENT

## VENDOR LIST REGISTRATION APPLICATION

Please type or print all information except signatures.

Date: \_\_\_\_\_

### PART A: GENERAL INFORMATION

Legal Business Name:	Business or Trade Name:
Federal Tax Identification Number (EIN or SSN):	DUNs Number:
Mailing Address:	Physical Address:
Company's Point of Contact: Name: _____ Title: _____ Telephone: _____ Email Address: _____	Company Contact Information: Telephone: _____ Fax: _____ Email Address: _____ Website: _____
Year Established:	Date Incorporated:
Number of Employees:	How Long at Present Address:

### Part B: BUSINESS OWNERSHIP, ORGANIZATION, and CONTROL INFORMATION

#### Type of Business:

- ☐ Sole Proprietorship
- ☐ Limited Liability Company (LLC)
- ☐ Limited Liability Partnership (LLP)
- ☐ Corporation
- ☐ Partnership

### Part C: INFORMATION ABOUT THE BUSINESS

Please check the box that most appropriately describes your business:

- ☐ Architectural & Engineering Services
- ☐ Construction
- ☐ Professional Services (i.e., Accountants, Appraisers, Attorneys, Business Consultants, Real Estate Brokers)
- ☐ Other Services (i.e., Snow Removal, Electrical, Moving & Storage, Towing & Transport)
- ☐ Retailer
- ☐ Wholesaler
- ☐ Manufacturer

**Product Line / Service**Primary Product Line/Service: *Please provide detailed description.*Secondary Product Line/Service: *Please provide detailed description.***Gross Revenue** for last 3 years:

FY Year \_\_\_\_\_ \$ \_\_\_\_\_

Business Fiscal Year:

FY Year \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_  
Month                      To                      \_\_\_\_\_  
Month                      Month

FY Year \_\_\_\_\_ \$ \_\_\_\_\_

Submit this application to:

Charles County Purchasing Office  
P.O. Box 2150  
La Plata, Md. 20646*If Architectural or Engineering Firm, please submit SF-330 Form.*

The applicant hereby certifies that the information provided herein is true and accurate:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_